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CHAPTER FORTY-FIVE  
MATERNITY CARE PROGRAM

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## **Chapter 45 Maternity Care Program**

### **Rule No. 560-X-45-.01 Authority and Purpose**

(1) Pregnancy related care for Medicaid eligible women provided through the Maternity Care Program (MCP) is provided pursuant to the Alabama State Plan as approved by the U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS). The purpose of the program is to provide a comprehensive, coordinated system of obstetrical care to pregnant recipients.

(2) Coverage for the MCP includes the provisions of the Balanced Budget Act of 1997 and regulations promulgated pursuant to this statute.

(3) Program specifics are delineated in the Invitation to Bid (ITB) that is utilized for selection of Primary Contractors for the program.

Author: Gloria S. Luster, Associate Director, Maternity Care Program

Statutory Authority: Section 1932 of the Balanced Budget Act of 1997; Section 1905(t)(3) of the Social Security Act; 42 CFR Section 438; Alabama Medicaid Agency State Plan.

History: New rule filed: February 19, 1999; effective May 1, 1999. Amended: Filed April 21, 2003; effective July 16, 2003

### **Rule No. 560-X-45-.02 Eligibility**

(1) Pregnant women participating in the program are determined Medicaid eligible by Medicaid and/or other approved certifying agencies through the normal eligibility process. Persons eligible for the MCP are women deemed pregnant through medical examination and/or laboratory tests, without regard to marital status. The following Medicaid recipients are required to participate in the MCP:

- (a) Those certified through the SOBRA Program
- (b) Those certified through the TANF Program (formerly AFDC)
- (c) Refugees
- (d) SSI eligible women 19 and over.

(2) The following populations are exempt from mandatory enrollment in the MCP.

- (a) Individuals who are members of a federally recognized Indian tribe, ("Indians")
- (b) Special Needs Children under the age of 19 who are defined as:
  - 1. eligible for SSI under Title XIX
  - 2. described in section 1902(e)(3) of the Act
  - 3. in foster care or other out of home placement
  - 4. receiving foster care or adoption assistance;
  - 5. currently receiving services through a family centered, community based, coordinated system of care receiving grant funds under section 501(a)(1)(D) of Title V and whose health care needs cannot be met without active

participation in a multispecialty clinic serving as a Medicaid recognized children's specialty clinic.

(3) The following recipients are exempt from the MCP and shall not be enrolled: Individuals who meet eligibility requirements for both Medicare and Medicaid ("dual eligibles")

(4) Providers shall access eligibility information through the Medicaid Automated Voice Response System or the appropriate electronic software for specific information on the county of residence and the pregnancy restriction to a Primary Contractor.

(5) Exempted eligibles are identified as follows:

(a) Dually enrolled recipients are identified through their buy in status.  
(b) American Indians are identified through the Medicaid eligibility file by race.

(c) Children under the age of 19:  
1. SSI recipients shall be identified through Aid Category.  
2. Children certified for Medicaid due to institutional deeming shall be identified through Aid category.  
3. Foster Care or other out of home placement shall be identified through Aid Category or a special county designation.  
4. Foster Care or adoption assistance shall be identified through Aid Category or a special county designation.  
5. Children receiving services through a family centered, community based, coordinated system of care receiving grant funds under section 501(a)(1)(D) of Title V are not identified by aid category, but shall be identified through participation in Medicaid recognized children's specialty clinics. Exemptions for all others shall be granted upon request on an individual basis based on the child's special needs.

Author: Gloria S. Luster, Associate Director, Maternity Care Program

Statutory Authority: Section 1932 of the Balanced Budget Act of 1997; Section 1905(t)(3) of the Social Security Act; 42 CFR Section 438; Alabama Medicaid Agency State Plan.

History: New rule filed: February 19, 1999; effective May 1, 1999. Amended: Filed April 21, 2003; effective July 16, 2003.

### **Rule No. 560-X-45-.03 Primary Contractor General Responsibilities**

(1) Each Primary Contractor shall have a full time Director whose primary responsibility is the MCP. The director shall be available for call 24 hours a day 7 days a week or have arrangements for such coverage.

(2) Qualifications of the director shall include the following.

(a) A BS or BA degree from an accredited college or university.

(b) Three years administrative/supervisory/ management experience in the health care field.

(c) Authority to make decisions and implement program policy.

(d) Previous management and operational experience in a managed care program (e.g. HMO, PPO, PHP, Maternity Waiver, etc).

(e) Experience in managing low income populations is preferred.

(3) MCP Primary Contractors shall have a computer system that has the following minimum capabilities:

(a) Automated patient tracking

(b) Automated billing and reimbursement

(c) Automated tracking charts of billing and patient flow

(d) Analysis of data and generation of reports, including but not limited to utilization and financial services

(4) MCP Primary Contractors shall be responsible for implementing an outreach program to inform and educate Medicaid recipients with regard to the MCP. The program components shall include, but not be limited to:

(a) Having printed material available at a 6<sup>th</sup> grade literacy level explaining program specifics. Medicaid Agency shall approve all outreach and educational material prior to actual usage.

(b) Having MCP information available at sites that are easily accessible such as hospitals, physician offices, SSI offices, DHR offices, health departments, community resource centers, etc.

(c) Coordinating this information within local communities, other agencies, and service providers to ensure awareness of the MCP and to identify other services available to meet the needs of the Medicaid eligible, and

(d) Ensuring that recipients are provided information and have the ability to ask questions regarding rights and responsibilities under the MCP.

(5) MCP Primary Contractors shall be responsible for implementing an outreach program to inform and educate Medicaid recipients with regard to the MCP.

(6) MCP Primary Contractors shall include a structured educational component for each subcontractor that participates in the program that includes, but is not limited to:

(a) Program requirements

(b) Billing procedures/claims resolution

(c) Quality management protocols

(d) Quarterly or prn (as needed) training sessions to address problems or to provide update information

(7) MCP Primary Contractors shall be responsible for implementing a system for responding to billing inquiries from recipients and subcontractors. Primary Contractors shall only refer claim inquiries to Medicaid that require an administrative review. The Medicaid Administrative Review Form shall be completed by the Primary

Contractor and forwarded to Medicaid in order for these requests to be processed. The system shall have a mechanism in place to address at a minimum:

- (a) Inquiries from recipients regarding bills received by recipients from subcontractors.
- (b) Inquiries from subcontractors regarding billing issues.
- (c) Timely resolution of billing inquiries.
- (d) Claims review prior to submission to Medicaid for Administrative Review.

(8) MCP Contractors shall abide by all requirements of the current version of the MCP Operational Manual.

Author: Gloria S. Luster, Associate Director, Maternity Care Program

Statutory Authority: Section 1932 of the Balanced Budget Act of 1997; Section 1905(t)(3) of the Social Security Act; 42 CFR Section 438; Alabama Medicaid Agency State Plan.

History: New rule filed: February 19, 1999; effective May 1, 1999. Amended: Filed April 21, 2003; effective July 16, 2003.

#### **Rule No. 560-X-45-.04 Payment to Primary Contractors**

(1) MCP Primary Contractors shall be reimbursed at a rate per global delivery as established through the open and competitive bid process.

(2) Claims shall be submitted to Medicaid's Fiscal Agent for payment of the established rate through normal claim submission procedures.

(3) Payment for the delivery of the infant(s) and all pregnancy care is payment in full for all services provided that are covered by the MCP.

Author: Gloria S. Luster, Associate Director, Maternity Care Program

Statutory Authority: Section 1932 of the Balanced Budget Act of 1997; Section 1905(t)(3) of the Social Security Act; 42 CFR Section 438; Alabama Medicaid Agency State Plan.

History: New rule filed: February 19, 1999; effective May 1, 1999. Amended: Filed April 21, 2003; effective July 16, 2003.

#### **Rule No. 560-X-45-.05 Covered Services**

(1) MCP Primary Contractor Contractors shall have or arrange for a comprehensive system of maternity care that includes all services specified in the ITB used for selection of contractors. Detailed information regarding specific services covered by the MCP is provided in the ITB as well as the MCP Operational Manual

(2) Excluded services shall be covered fee for service by Medicaid if the service is a covered service for the eligibility group in which the beneficiary is certified.

Any fee for service payment is made according to the benefit limits and coverage limitations applicable for the eligibility classification.

Author: Gloria S. Luster, Associate Director, Maternity Care Program.

Statutory Authority: Section 1932 of the Balanced Budget Act of 1997; Section 1905(t)(3) of the Social Security Act; 42 CFR Section 438; Alabama Medicaid Agency State Plan.

History: New rule filed: February 19, 1999; effective May 1, 1999. Amended: Filed April 21, 2003; effective July 16, 2003.

#### **Rule No. 560-X-45-.06 Complaints and Grievances**

(1) Each Contractor shall implement an approved written grievance system that includes:

- (a) Designation of a responsible Grievance Committee.
- (b) Two levels of review for the resolution of grievances. The time frame for these reviews shall be based on the nature of the grievance and the immediacy or urgency of the health care needs of the Medicaid recipient.
- (c) The primary entry level for complaints shall be a designated responsible representative of each Primary Contractor.
- (d) Resolution of grievances of an immediate or urgent nature (life threatening situations, perceived harm, etc.) shall not exceed a forty-eight hour review within the Primary Contractor's review process, which includes subcontractor's review. The Grievance Committee's decision shall be binding unless the Medicaid recipient files a written appeal.
- (e) If the Medicaid recipient is not satisfied with the findings of the Grievance Committee, the Medicaid recipient may appeal to the Medicaid Agency for an administrative fair hearing.
- (f) All grievances shall be maintained in a log as specified in the MCP Manual.

Additional information on complaints and grievances may be found in the MCP Operational Manual and the ITB used for the program.

Author: Gloria S. Luster, Associate Director, Maternity Care Program

Statutory Authority: Section 1932 of the Balanced Budget Act of 1997; Section 1905(t)(3) of the Social Security Act; 42 CFR Section 438; Alabama Medicaid Agency State Plan.

History: New rule filed: February 19, 1999; effective May 1, 1999. Amended: Filed April 21, 2003; effective July 16, 2003.

**Rule No. 560-X-45-.07 District Designation and Selection of Primary Contractors**

(1) The number of MCP Primary Contractors shall be restricted to one in each of the geographic districts within the State. Geographic districts are based on county designation and are generally comprised of multiple counties. Counties for specific districts shall be identified during the open and competitive bid process for a specified time period as per the ITB.

(2) MCP Primary Contractors shall be selected through evaluation of the ability of the provider's ability to provide required components of the MCP submitted by prospective entities during the competitive bid process as more fully described in the MCP ITB specifications.

(3) MCP Primary Contractors shall provide reasonable and adequate hours of operation, including 24 hour availability of information, referral and treatment with respect to medical emergencies.

(4) MCP Primary Contractors shall not discriminate on the basis of health status or requirements for health care services in enrolling, dis-enrolling or re-enrolling Medicaid recipients.

Author: Gloria S. Luster, Associate Director, Maternity Care Program

Statutory Authority: Section 1932 of the Balanced Budget Act of 1997; Section 1905(t)(3) of the Social Security Act; 42 CFR Section 438; Alabama Medicaid Agency State Plan.

History: New rule filed: February 19, 1999; effective May 1, 1999. Amended: Filed April 21, 2003; effective July 16, 2003.

**Rule No. 560-X-45-.08 Quality Improvement**

(1) Each Primary Contractor shall provide an internal quality assurance (QA) system that meets all applicable state and federal guidelines and all quality requirements specified in the procurement document used in the bid process.

(2) Each Primary Contractor's Quality Assurance system shall include an ongoing quality assessment and performance improvement program as specified in 42 CFR 438.20 and a minimum of the following:

- (a) Utilization control procedures for the on-going evaluation, on a sample basis, of the quality and accessibility of care provided to program participants
- (b) Provide for review by appropriate health professionals of the process followed for providing health services
- (c) Provide for systematic data collection of performance and patient results
- (d) Provide for interpretation of this data
- (e) Provide for making needed changes

(3) Primary Contractors shall have a structured and active Quality Assurance Committee, which shall:

(a) Be composed of, at a minimum, Program Director or designee, a board certified OB/GYN physician, a registered nurse with obstetrical experience, a licensed social worker, and hospital representation

(b) Meet at least quarterly, but more often as needed, to demonstrate that the Committee is following up on all findings and required actions

(c) Operates under the following parameters:

1. Information shall be treated as confidential in accordance with Medicaid rules and regulations and HIPPA - Health Insurance Portability and Accountability Act standards;

2. Committee shall identify actual and potential problems;

3. Committee shall develop appropriate recommendations for corrective action;

4. Committee shall perform follow-up on the recommendations to assure implementation of actions and continued monitoring, if necessary;

5. Committee shall collect data and analyze data;

6. Committee shall include utilization in quality assurance activities;

7. Committee shall include grievances in quality assurance activities;

8. Committee shall document all activities

(4) Each Primary Contractor shall have a written Quality Assurance (QA) Program description including:

(a) A scope of work which addresses both the quality and clinical care as well as non-clinical care.

(b) A written Quality Management plan which documents activities including: policies/procedures for performing chart reviews, utilization of provider and enrollee surveys, policies and procedures for analysis of data, procedures for analysis of administrative data and procedures for implementation of corrective action.

(c) A methodology for measurement which includes all demographic groups.

(d) Continuous performance of the activities to be tracked and the timeframes for reporting

(e) Feedback to health professionals regarding performance and patient results.

(f) Identification of individuals/organizations responsible for implementation of the QA plan.

(g) Identification of relevant and measurable standards of care (minimum requirements are contained in the MCP Operational Manual).

(h) Demonstration of measurable improvement of services being received through benchmarks (minimum requirements are contained in the MCP Operational Manual).



(5) The Primary Contractor shall include in all subcontractor contracts and employment agreements a requirement securing cooperation with the Quality Assurance Program including access to records and responsible parties.

Author: Gloria S. Luster, Associate Director, Maternity Care Program

Statutory Authority: Section 1932 of the Balanced Budget Act of 1997; Section 1905(t)(3) of the Social Security Act; 42 CFR Section 438; Alabama Medicaid Agency State Plan.

History: New rule filed: February 19, 1999; effective May 1, 1999. Amended: Filed April 21, 2003; effective July 16, 2003.

#### **Rule No. 560-X-45-.09 High Risk Protocols**

(1) Each recipient entering the MCP shall be assessed for high risk pregnancy and if indicated referred to a Delivering Health Care Professional qualified to provide high risk care. The recipient may be exempted from the MCP if it is determined that she will require high-risk care throughout antepartum and delivery. Reimbursement shall be fee-for-service if the recipient is exempted from the MCP.

(2) A high-risk assessment tool approved by the Medicaid Agency shall be utilized in performing risk assessments.

Author: Gloria S. Luster, Associate Director, Maternity Care Program

Statutory Authority: Section 1932 of the Balanced Budget Act of 1997; Section 1905(t)(3) of the Social Security Act; 42 CFR Section 438; Alabama Medicaid Agency State Plan.

History: New rule filed: February 19, 1999; effective May 1, 1999. Amended: Filed April 21, 2003; effective July 16, 2003.

#### **Rule No. 560-X-45-.10 Care Coordination**

(1) Each MCP Primary Contractor shall ensure that each woman enrolled in the program receives care coordination. Care coordination is the mechanism for linking and coordinating segments of the service delivery system and assuring that the recipient care needs are met and provided at the appropriate level of care. Care Coordination is a resource that ensures that the care received in the program is augmented with appropriate psychosocial support.

(2) Care coordination requirements are delineated in the bid specification and MCP Operational Manual and include, but are not limited to:

- (a) Performing the initial encounter requirements
- (b) Psychosocial risk assessment
- (c) Assessing medical and social needs
- (d) Developing service plans
- (e) Providing information and education
- (f) Patient tracking

(g) Pre-delivery encounter

Author: Gloria S. Luster, Associate Director, Maternity Care Program

Statutory Authority: Section 1932 of the Balanced Budget Act of 1997; Section 1905(t)(3) of the Social Security Act; 42 CFR Section 438; Alabama Medicaid Agency State Plan.

History: New rule filed: February 19, 1999; effective May 1, 1999. Amended: Filed April 21, 2003; effective July 16, 2003.

**Rule No. 560-X-45-.11 Health Care Professional Panel**

(1) Primary Contractors shall have a delivery system that meets Medicaid standards as defined in the bid. The Primary Contractor shall ensure that there are sufficient health care professionals and hospitals to perform the required duties as specified in the ITB and contract with Medicaid.

(2) Participation opportunities for Delivering Health Care Professionals shall be offered as specified in the ITB.

(3) Primary Contractors shall continually monitor the health care panel to assure adequate access to care for program recipients. Services shall be available to the recipients within the 50-mile/50 minute standard as required by Medicaid.

(4) Primary Contractors shall utilize in-state providers if time/distance or medical necessity is not a factor.

(5) Primary Contractor shall notify Medicaid within one working day of any unexpected changes that would impair the network or create access to care issues.

Author: Gloria S. Luster, Associate Director, Maternity Care Program

Statutory Authority: Section 1932 of the Balanced Budget Act of 1997; Section 1905(t)(3) of the Social Security Act; 42 CFR Section 438; Alabama Medicaid Agency State Plan.

History: New rule filed: February 19, 1999; effective May 1, 1999. Amended: Filed April 21, 2003; effective July 16, 2003.

**Rule No. 560-X-45-.12 Recipient Choice**

(1) Women participating in the MCP shall be allowed to select the Delivering Health Care Professional of their choice from within the participating Delivering Health Care Professionals of the Primary Contractor. They may change professionals for cause at any time or without cause within 90 days of enrollment.

(2) Recipients who refuse to select a Delivering Health Care Professional shall be assigned one by the Primary Contractor who must follow assignment procedures specified in the MCP ITB.

(3) Lists of Delivering Health Care Professionals shall be maintained and utilized in the selection process.

(4) Recipients shall be provided all pertinent information about Delivering Health Care Professional as needed to make an informed selection. A toll free number must be available to recipients for use in selection of Delivering Health Care Professionals as well as for other questions/information.

Author: Gloria S. Luster, Associate Director, Maternity Care Program

Statutory Authority: Section 1932 of the Balanced Budget Act of 1997; Section 1905(t)(3) of the Social Security Act; 42 CFR Section 438; Alabama Medicaid Agency State Plan.

History: New rule filed: February 19, 1999; effective May 1, 1999. Amended: Filed April 21, 2003; effective July 16, 2003.